

Scope of Complementary Therapy Assessments/Qualifications Holy Redeemer Hospice, NE Philadelphia, PA Complementary Therapy Hospice and Palliative Care Nurse: CTRN

Purpose

To provide assessment guidelines for the hospice patient / caregiver receiving complementary therapy services.

Policy

All patients referred for complementary therapy evaluations and services for regularly scheduled 30 minute therapeutic sessions, will have a specific assessment performed by a qualified hospice RN, with certification in the complementary therapy being provided. The CTRN making regularly scheduled nursing visits is primarily responsible for a 30 minute therapeutic bodywork session to support symptoms related to stress, and utilizes nursing skills to assess thoroughly for status changes and concerns in overall hospice plan of care, at each CTRN visit.

Should status changes occur and nursing intervention be required at time of a CTRN visit, the CTRN will respond first and primarily to the medical needs of the patient/ family, omitting the complementary therapy session.

Procedure

- 1.) All complementary therapists employed under contract by Holy Redeemer hospice will be qualified by education, training, and experience to perform appropriate assessments within their scope of care, as defined in applicable job descriptions.
 - a. Upon hire, the CTRN will complete a nursing orientation program.
 - b. Once accomplished within a hospice nursing role, and preferably nationally board certified in hospice and palliative care nursing, complementary therapy orientation and competencies will be completed.
 - c. CT competency will be evaluated during the orientation process to ensure skill in therapeutic bodywork technique, adaptation of techniques to the hospice patient/ caregiver to provide comfort and relief from stress of dying process.
 - d. Holy Redeemer's complementary therapy program provides specialized orientation and education for the hospice worker with bodywork certification, understanding that there is no formal or certified hospice and palliative care massage education currently available in massage schools / training (1/2004). The orientation program includes education on adapting techniques with focus on comfort therapy / relaxation response. It offers suggested goals for the use of CT in the different stages of dying. Teaching is provided on the value of varied bodywork therapies which

CTRN: Guideline Procedure (cont.)

support conditions of disease processes and symptoms specifically related to stress. Overview is provided of professional boundaries and communication in hospice practice, and working in a co-shared nursing role with primary hospice nurses in order to provide the highest quality of care through offering pharmaceutical and medical, as well as non pharmaceutical and comfort therapy, approaches.

- 2.) The complementary therapist evaluating for services will develop and initiate a plan for providing regular stress reducing complementary therapy sessions patient and/or caregiver.
- 3.) The complementary therapist providing ongoing services will follow the initial plan of care, reassess and update the plan as patient/ caregiver status changes. Complementary therapists who feel that another bodywork therapy is required for greater benefit and comfort to patient/ caregiver, must refer to a CTRN who is certified in the bodywork therapy of choice reevaluation in that complementary therapy.
- 4.) Referrals for assessments of patients / caregivers receiving complementary therapy will include, but not be limited to, the following physical, emotional, psychological and spiritual indicators:
 - a. Chronic or acute pain, shortness of breath, nausea and vomiting, anxiety, agitation and restlessness, especially associated with increased fear and tension with decline in condition, and imminent death.
 - b. Clinical depression, active deep grieving, aggressive and angry demeanor, withdrawal, fear and isolation.
 - c. Bedridden, declining and dehydrated with increased body tension, guarding behavior with repositioning.
 - d. Inpatient settings, sensory deficits, dementia, isolated and receiving mostly task driven caregiving. Escalation in behavioral problems.
 - e. Culturally diverse patients and families, language barriers, patients and families who utilize alternative therapy methods for healthcare.
 - f. Immobility and inability to speak: ALS, CVA, decline and pre-active and active stages of dying process.
 - g. Terminal anguish, acute physical suffering in the presence of verbalized fear of dying and afterlife.
 - h. Prolonged active dying process, high body tension and suspected pattern of, 'holding on'.
 - i. Caregivers who express acute fatigue, sleeplessness, stress related symptoms, anxiety as they begin to face active grieving in their loved one's decline and imminent death.

Complementary Therapy Evaluation

Date _____ Patient ID number _____

Name _____

Age _____ DOB _____ Sex _____

Address _____

Hospice diagnosis _____

PMH _____

Allergies –
medication _____ food/cosmetics _____

Physician _____

Family /Caregiver(s) _____

Setting: HOME SNF INPATIENT UNIT

Current medication regimen- see attached sheet

Stage of disease progression: functional declining preactive active

Symptom presentation _____

Past use of complementary therapy yes no

Instruction provided:

_Benefits of complementary therapy in advanced disease

_Complementary therapy choices provided by HR hospice program

_Precautions reviewed and considered in treatment choice

Complementary therapy of patient's choice:

comfort massage _____ reflexology _____ acupressure

Energy therapy: Reiki Healing Touch Therapeutic Touch

Treatment goal(s): (all stages of dying)

_Relieve stress related symptoms of _____

_Ease emotional tension: anger depression fear/restlessness loneliness active grief

_To communicate intent to comfort / build trust for those who are non verbal, non responsive, confused, in situation of cultural diversity and / or has a language barrier.

_Provide opportunity for a feeling of peace

Functional goals-

_Open doors to meaningful dialogue and build trust

_Maintain sense of wellness, promote longevity and life quality for as long as possible before decline

_Ease skin, joint, muscle discomforts associated with bedrest, immobility,

disease process- massage _Promote wound healing – Healing Touch /Reiki

Decline / preactive and actively dying goals-

_Moisturizing massage to extremities to soothe dry skin / tension areas to ease physical tensions, communicate intention to comfort through touch.

_Mirror beneficial touch, encourage families to use comfort techniques in caregiving.

_1-2 time visit to actively dying client – energy therapy or light touch session to tension areas upper body: shoulders and neck. Support legacy of family members by the provision of compassionate care, assist in possibility for letting go for someone who is in 'holding on' pattern. CTRN visit only.

Caregiver stress yes / no Explain _____

_Caregiver- ease stress related symptoms and promote effective coping.

_ Open doors to therapeutic dialogue in session (reflexology / hand or foot massage), supporting caregiver stresses with bodywork and active listening.

Treatment plan / narrative: _____